

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 27, 1980

ALL-COUNTY INFORMATION NOTICE I-23-80

• TO: COUNTY WELFARE DIRECTORS
STAFF DEVELOPMENT OFFICERS

SUBJECT: STATEWIDE STAFF DEVELOPMENT INSTITUTE

REFERENCE:

Over the past two years the Department of Social Services has increasingly demonstrated its commitment to and support for the staff development function in county welfare departments. It is especially critical, as we approach potentially dramatic program changes with continually diminishing fiscal resources, to ensure that training is skillfully and effectively carried out to support organizational objectives.

In order to equip staff who have training responsibilities with the skills and information necessary to accomplish this goal, the department is conducting a Statewide Staff Development Institute. The issues addressed in the Institute are:

1. The new state staff development regulations are in the process of final adoption. These regulations require staff development officers to examine critically how training can meet program needs, cooperatively plan training with program managers and actively assess the effect of training programs on organizational performance. While these regulations are in many ways more flexible than previous regulations, they also require specific, well-developed skills in training needs assessment, training program design and training program evaluation. The Institute will focus on providing staff development officers with skills in these three areas.
2. Training in county welfare departments must be efficient, on target, and cost effective. Counties, with increased workload and probable major program changes, cannot tolerate staff development programs that do not clearly demonstrate effectiveness. The Institute will address this issue by providing skills training on planning and accountability and methods to maximize the impact of training on program objectives. It will also provide information on the role of staff development in specific upcoming program changes and on expected changes in training direction at the Federal level.

3. Many outstanding training programs have been developed at the local level, some of them supported with state Local Agency Special Training funds. A selection of these programs will be highlighted at the Institute.

The Institute is being developed with significant county input. A workshop, which was held in January and attended by 14 county staff development officers and trainers throughout the state, helped validate and specify county needs.

The Institute will be held from April 7 through 11 in Fresno. Recognizing the importance of this program and the substantial cost of county welfare department staff time, the state will pay the cost of travel and per diem as detailed in the attached "Application for Institute Funding" and "Nomination and Institute Funding Application Procedures".

More complete details on the Institute are attached and should be shared with your staff development unit. Final materials, including a complete agenda, will be provided with participant confirmation.

I encourage you to allow the full participation of appropriate staff in the Institute. It is my expectation that the Institute is the beginning of greater collaboration between state and county training staff. I also anticipate that the Training Bureau will be holding follow-up sessions on a regional basis. I plan to participate in the Institute and hope to have the opportunity to meet your staff and discuss the future of staff development in the social services programs in California.

If you have any questions regarding the Institute, please call Ed Salt or Diane Just of the Training Bureau, (916) 445-6271 or ATSS 485-6271.

Sincerely,

A handwritten signature in cursive script, appearing to read "Claude Finn", followed by a horizontal line.

CLAUDE FINN
Deputy Director

Attachments



Special Training Announcement:

STATEWIDE STAFF DEVELOPMENT INSTITUTE

County welfare department trainers face the 80's with certain knowledge that their jobs are becoming more difficult and challenging. The changes and pressures of the job require that trainers increase their effectiveness to the limit of professional ability. Only in this way can the training function retain and increase its effectiveness as a management tool. This Institute will help county welfare department training managers and line trainers increase their training competency and productivity.

STRUCTURE This highly intensive, experiential design will require your full involvement. All participants should plan to complete the entire 4-1/2 days of the Institute which will include indepth skills development, theory input and working sessions. Emphasis will be on application and strategy for training in the county welfare department.

OBJECTIVES By the end of the Institute you will have:

1. Developed practical skills and knowledge in one of three major training dimensions: needs assessment, adult learning design, or the evaluation of training.
2. Developed creative and practical training work products for back-home application.
3. Developed specific action plans to ensure that training increases its usefulness to county welfare department management.
4. Shared information and resources around training related issues in regulations, programs, and planning.

ELIGIBILITY The Institute is designed for individuals whose primary responsibility is staff development. All levels of staff development personnel, e.g., line trainers, supervisors of trainers, and managers of the training function are encouraged to attend. In counties without a staff development unit or full-time trainer, the individual(s) responsible for developing and/or providing formal training would be eligible. The program is not designed for the individual whose only training activity is on-the-job training.

SCHEDULE The Institute will begin promptly at 3 p.m., Monday, April 7, 1980, and conclude at 3:30 p.m., Friday April 11, 1980. (Registration will begin at 1 p.m., Monday, April 7.) Evening workshops are scheduled.

LOCATION The Institute will be held at both the Airport Holiday Inn, 5090 East Clinton, Fresno, Phone: (209) 252-3611, and the Airport Picadilly Inn (Formerly the Marina Inn), 5115 East McKinley Avenue, Fresno. Reservation toll free number for the Airport Picadilly Inn for all counties except Orange is: 800-432-7045; Orange County may use toll free number 714-558-4884. Both location sites are holding blocks of sleeping rooms. You are encouraged to make reservations directly with the hotels as soon as possible.

LEADERS Trainers for the Institute will include Department of Social Services Training Bureau staff, county welfare department staff, and training consultants.

APPLICATION If you are interested in participating in the Institute, the attached "Nomination Application" must be completed and returned to the Department of Social Services, Training Bureau, 744 P Street, M.S. 14-62, Sacramento 95814, no later than March 21, 1980. The number of participants in the Institute is limited to 100. Confirmation notices will be sent nominees by March 26, 1980.

INQUIRIES Contact Ed Salt or Diane Just at (916) 445-6271 or ATSS 485-6271.

Attachment

NOMINATION APPLICATION

STATEWIDE STAFF DEVELOPMENT INSTITUTE

TO: Department of Social Services
Training Bureau
744 P Street, M.S. 14-62
Sacramento, CA 95814

FROM: Name _____ Phone _____
County _____ Title _____
Address _____

Please provide the following information regarding your work assignment:

1. Is your work assignment full-time staff development? Yes No

If it is part-time, what percent is staff development? _____%

What is your other assignment(s) ?

2. Describe your major training responsibilities?

3. How long have you had your present assignment?

4. How long have you been doing/providing/managing training as a substantial part of your responsibility?

5. Why do you want to attend the Institute?

(Confirmation notice will be sent applicant by March 26, 1980.) Counties may duplicate the nomination application as required.

ATTENDANCE APPROVED:

County Welfare Director

Applicant

REQUEST FOR INSTITUTE FUNDING (21200)

(Submit in triplicate with original signature on all copies)

PROJECT TITLE: Statewide Staff Development Institute
(April 7-11, 1980)

NAME OF AGENCY _____

ADDRESS _____

NAME OF CONTACT PERSON _____ PHONE _____

1. Number of people nominated to attend Institute _____
2. Number of people for whom you are requesting funds _____
3. Estimated per diem (\$46/day x 5 days x number of people) \$ _____
4. Estimated travel requested _____

Total amount requested: \$ _____

AGREEMENT: The participating agency agrees to the following terms and conditions: (1) the State shall not assume liabilities incurred by participants in the Department of Social Services Statewide Staff Development Institute other than those agreed upon; (2) if total participation is not completed in accordance with completion dates in the Special Training Announcement, payment for that period will not be forthcoming; (3) Department of Social Services reimbursement to local county staff development officers and trainers is limited to travel and per diem at the current State rate; (4) reimbursement will be requested within 45 days from the completion date of the Institute on Form AA 229.

County Welfare Department Approval: _____
(Director Name and Telephone Number)

SIGNATURE: _____ DATE: _____

NARRATIVE DESCRIPTION OF TRAINING (See Special Training Announcement)

LIST OF APPLICANTS FOR WHOM FUNDING IS REQUESTED (See reverse side)

FOR DSS USE ONLY

Total amount approved \$ _____

DSS Training Bureau:

DSS Chief Deputy Director:

Date: _____

Date: _____

LIST OF APPLICANTS FOR WHOM FUNDING IS REQUESTED

<u>NAME</u>	<u>AMOUNT PER DIEM</u>	<u>AMOUNT TRAVEL</u>

INSTITUTE NOMINATION AND FUNDING APPLICATION PROCEDURES

The Department of Social Services will pay the full cost of attendance at the Statewide Staff Development Institute. This support includes the total cost of travel and per diem at the current state rate. A list of allowable expenses is attached.

The "Request for Institute Funding (21200)" must be completed and submitted together with the individual "Nomination Application(s)". Although the county is submitting a single request for funding, the participants will be reimbursed individually. The Department is unable to provide "travel advances" to participants. If this is necessary, hopefully the county can provide an advance to the participant who will then reimburse the county after payment has been received from the State Controller. Detailed instructions for filing travel expense claims are included in this packet.

Following is a brief outline of the nomination/funding application process:

1. The county welfare department must complete the "Request for Institute Funding" and submit it with the "Nomination Application(s)."
2. The Department of Social Services will screen the nominations, approve or disapprove the nominees, and approve or modify the funding requests accordingly.
3. The county welfare department will then be notified of Department of Social Services' action, and successful applicants will be sent a "confirmation package." In addition to information on rooms, agendas, etc., the confirmation notice will contain additional copies of the reimbursement form, "AA 229."
4. There will be someone available during the Institute to answer any questions concerning completion of the AA 229.
5. After the Institute, each participant will complete the AA 229, reimbursement form. The county must forward all requests for reimbursements to the DSS Training Bureau within 45 days of the end of the Institute.
6. The Training Bureau will then process the claims through DSS Accounting to the State Controller. The normal turn-around time from submission of a claim to Accounting and receipt of a check by the claimant is six to eight weeks.

If you have any questions concerning the nomination/funding procedures, please contact Norma Clemons, Training Bureau, (916) 445-6271, ATSS 485-6271.

INSTRUCTIONS FOR FILING A TRAVEL EXPENSE CLAIM

Travel Expense Claim, Form AA 229 (copy attached) should be completed in triplicate subsequent to the incurring of expenses and returned to the State Department of Social Services.

Allowable expenses include:

\$46 per each 24-hour period that you are away from home. It covers meals, lodging and incidental expenses, distributed as follows:

Lodging	\$25.00
Breakfast	3.00
Lunch	5.50
Dinner	9.00
Incidentals	3.50

If you are away from home for more than 24-hours - and your trip ends with a fraction of a day, you will be reimbursed for meals as appropriate for that period.

For those of you commuting daily from your home, the only subsistence rates you are eligible for are:

1. Breakfast - if you leave at least one hour before your regular working hours.
2. Lunch
3. Dinner - if you return home at least one hour after your regular working hours.

Transportation by either public carrier at published rates, or by private car at 17¢ per mile without certification. If the employee certifies that the expenses of operation are equal to or greater than the amount claimed, reimbursement may be 18 to 21¢ per mile.

"For mileage reimbursement rates which exceed 17 cents per mile, I certify that the actual cost of operating the vehicle was equal to or greater than the rate claimed."

Taxi fares, airport limousine charges, car rental, official telephone calls.

The customer copy of public carrier tickets, as well as all receipts, (except for meals and lodging) must be attached to the travel expense claim when submitted.

Note that the Department of Social Services will calculate your per diem allowance on the basis of departure and return times. You must carefully itemize all other costs. Your total claim will also be calculated by DSS.

**TASK FORCE AND
ADVISORY COMMITTEE TRAVEL EXPENSE CLAIM**

INSTRUCTIONS: To be submitted in triplicate.

NAME	NAME OF TASK FORCE	
ADDRESS	TIME OF DEPARTURE FROM HEADQUARTERS	DATE
DESTINATION	AM PM	

1. TRANSPORTATION
 (ATTACH TICKET STUBS OR FLIGHT COUPONS)

MODE	COST
	\$
	\$
	\$
	\$
	\$
ENTER COST HERE →	

2. TAXI OR LIMOUSINE FARES

DATE	FROM	TO	COST
			\$
			\$
			\$
			\$
ENTER TOTAL HERE →			\$

3. OTHER EXPENSES
 (ATTACH RECEIPTS IF OVER \$2.50)

EXPLANATION	DATE	COST
		\$
		\$
		\$
		\$
		\$
ENTER TOTAL HERE →		\$

AUTOMOBILE MILEAGE _____ MILES @ \$0.15 PER MILE → \$

TIME OF RETURN TO HEADQUARTERS

AM
PM

PER DIEM ALLOWANCE (DSS USE ONLY) → \$

TOTAL CLAIM (DSS USE ONLY) → \$

CERTIFICATION

SIGNATURE OF CLAIMANT